



## CRUISE INFORMATION SHEET

### Coast Guard MWR Travel

400 Sand Island Parkway, Honolulu, HI 96819

PHONE: 808-842-2950 FAX: 808-842-2959

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Military Status: \_\_\_\_\_ Rank: \_\_\_\_\_

Number of Adults: \_\_\_\_\_ Number of Children (age/birthday): \_\_\_\_\_

#### Please List All Passengers:

Please indicate  
Citizenship other than  
U.S. for each passenger

(LEGAL NAME AS STATED ON PASSPORT - AND BIRTHDATE)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Cruise Destination: \_\_\_\_\_

Type of Stateroom: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_

Port of Departure/Arrival: \_\_\_\_\_

Travel Month: \_\_\_\_\_ Length of Cruise: \_\_\_\_\_

Specific Cruise Line/Ship: \_\_\_\_\_

Dining Choice (check one): ☐ EARLY (1st) ☐ LATE (2nd)

Airline included (check one): ☐ Yes ☐ No Preferred Airport: \_\_\_\_\_

Cruise Insurance (check one): ☐ Yes ☐ No

Special Medical Needs: \_\_\_\_\_

Celebration/Special Event (anniversary, honeymoon, etc): \_\_\_\_\_

\*\* Please allow 5-7 business days for us to get back to you - Thank you \*\*